

DEPARTMENT OF SOCIAL SERVICES

July 12, 1995

ALL-COUNTY LETTER NO. 95-33

TO: ALL-COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by SDSS



SUBJECT: "In-Home Supportive Services Program (IHSS) Contract Expenditures" SOC 432 worksheet uses for adjustment transactions.

REFERENCE: ACL 94-101, Procedures to implement Case Management, Information and Payrolling System (CMIPS) adjustment transactions between the Personal Care Services Program (PCSP) and the In-Home Supportive Services (IHSS) Program.

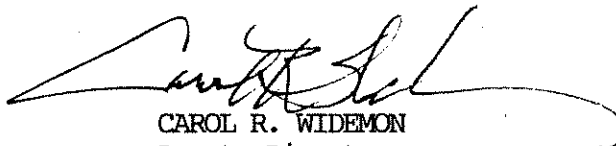
This letter is to provide contract counties with instructions for PCSP and IHSS adjustments using the SOC 432 page two to incorporate the various adjustments into one which will be added to or subtracted from a contractor billing. The end result will be the basis of the funding ratios for federal, state, and county shares. This worksheet is a supplement to the "Claim for Reimbursement In-Home Supportive Services Program Contract Expenditures" SOC 432.

The attached instructions will assist contract counties to adjust cases, hours, and expenditures between the PCSP and the IHSS programs as well as make other adjustments.

The SOC 432 page two is designed with five sections. Each of these sections is defined with examples and offers instructions to better understand each section of the worksheet. A county may find use for all adjustment sections, or one or two, with the conclusion to be calculated in Section V. It is then to be entered on the front portion of the SOC 432 under "Contract Service Delivery Totals for Month By Funding Source."

The entire form, "Claim for Reimbursement In-Home Supportive Services Program Contract Expenditures" SOC 432, will be revised at a later date.

Counties should contact their assigned fiscal analyst to clarify any questions regarding the content of this letter.


CAROL R. WIDEMON
Deputy Director
Adult Services Division

Enclosure

c: CWDA

INTRODUCTION

The SOC 432(b) is designed to 1) document various adjustments made to a given contract billing and 2) incorporate the various adjustments into one which will ultimately be added to or subtracted from a contractor billing. The end result will be the basis of the funding ratios - federal/state/county.

The adjustments sections are to be added together and entered on Line J in Section IV or added together and entered on Line O in Section V. A county may find use for all adjustment sections, or one or two, with the conclusion to be calculated in Section V, Contractor Billing.

Each section is defined and offers instructions to help you understand and use this worksheet. The Total Billed from Section V, Contractor Billing, is to be entered on page one under "Contract Service Delivery Totals for Month By Funding Source." It is not necessary to enter adjustments in that section if the worksheet SOC 432(b) has been used for your adjustment calculations. The net adjustment calculations from Section I, II, and III should be entered on the appropriate COIN screens (COIN P and R).

The entire form, "Claim for Reimbursement In-Home Supportive Services Program Contract Expenditures" SOC 432, will be revised at a later date.

INSTRUCTIONS FOR PCSP/IHSS ADJUSTMENTS WORKSHEET

This will provide additional information for the Claim for Reimbursement of IHSS Contractor Expenditures with PCSP/IHSS adjustments. Only use the sections that are applicable to your county.

SECTION I - OVERPAYMENTS/UNDERPAYMENTS

Use Section I **ONLY** If your county has overpaid or underpaid a contractor. (This section is not to be used for recipient/provider adjustment activities).

- 1) Enter the original number of Payment Cases, Hours and Expenditures in (A-1) through (A-6).
- 2) Enter the number of Corrected Cases, Hours and Expenditures in (B-1) through (B-6).
- 3) Enter the appropriate adjustment by indicating whether it is positive or negative in (C-1) through (C-6).

Example: The county has overpaid a contractor because of transposed numbers on an authorizing document to the county payment agency. The correct payment should be \$13,964.51, not \$13,994.51. In this example cases and hours need not be entered. If the PCSP/IHSS split is not known, divided between the two using your county's average percentile proration of PCSP/IHSS, i.e., 70%/30%, 60%/40%, 50%/50%, etc.

SECTION I OVERPAYMENTS/UNDERPAYMENTS

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS
A	PAYMENT (1)	(2)	(3)	(4)	(5) \$9,775.15	(6) \$4,126.35
B	CORRECTED PAYMENT (1)	(2)	(3)	(4)	(5) \$9,775.15	(6) \$4,126.35
C	ADJUSTMENT +/- (1)	(2)	(3)	(4)	(5) (\$21.00)	(6) (\$2.00)

SECTION II - OTHER _____ (County specific)

Use Section II **ONLY** IF your county has a county specific adjustment with supporting documentation. Please enter the specific title.

- 1) Enter the correct number of Billed Cases, Hours and Expenditures in (D-1) through (D-6).

2) Enter the appropriate adjustment by indicating whether it is positive or negative in (E-1) through (E-6).

3) Add or subtract the adjustment line in (E-1) through (E-6) from the Billed Cases, Hours and Expenditures in (D-1) through (D-6) to get the figures for Net Billed in line (F-1) through (F-6).

Example: The county has an internal accounting procedure (balance sheet) that is not completely in harmony with the CMIPS contract interface procedure. The correct payment should be \$13,964.21, not \$13,964.51. In this example cases and hours need not be entered. If the PCSP/IHSS split is not known, divide between the two using your county's average percentile proration of PCSP/IHSS i.e., 70%/30%, 60%/40%, 50%/50%, etc.

SECTION II OTHER Balance Sheet (COUNTY SPECIFIC)

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS
D BILLED	(1)	(2)	(3)	(4)	(5) 99,775.15	(6) 54,189.35
E ADJUSTMENT +/-	(1)	(2)	(3)	(4)	(5) (.21)	(6) (.09)
F NET BILLED	(1)	(2)	(3)	(4)	(5) 99,774.95	(6) 54,189.26

SECTION III - LIQUIDATED DAMAGES

Use Section III ONLY IF your county will be applying liquidated damages to a contractor. Liquidated damages are deducted from the amount paid to the contractor if a contractor violates any contract stipulations.

1) Enter the correct number of Billed Cases, Hours and Expenditures in (G-1) through (G-6).

2) Enter the appropriate adjustment by indicating whether it is positive or negative in (H-1) through (H-6).

3) Add or subtract the adjustment line in (H-1) through (H-6) from the Billed Cases, Hours and Expenditures in (G-1) through (G-6) to get the figures for Net Billed line (I-1) through (I-6).

Example: The contractor has failed to provide financial records that the county has requested. For each late day a \$25.00 liquidated damage is assessed. The contractor is 100 days late. In this example cases and hours need not be entered. If the PCSP/IHSS split is not known, divide between the two using your counties average percentile proration of PCSP/IHSS, i.e., 70%/30%, 60%/40%, 50%/50%, etc.

SECTION III LIQUIDATED DAMAGES

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS
G BILLED	(1)	(2)	(3)	(4)	(5) \$9,775.16	(6) \$4,189.15
H ADJUSTMENT	(1)	(2)	(3)	(4)	(5) (1,750.00)	(6) (750.00)
I NET BILLED	(1)	(2)	(3)	(4)	(5) \$8,025.16	(6) \$3,439.15

SECTION IV - PCSP/IHSS ADJUSTMENTS

Use Section IV ONLY IF your county has PCSP/IHSS adjustment transactions to move funds from existing IHSS cases to eligible PCSP cases. Please refer to All-County letter 94-101 for instructions and the uses of the PCSP/IHSS Adjustment Report.

1) Add figures in (C-1) through (C-6), (E-1) through (E-6), and (H-1) through (H-6) to get the Net Adjustment total figures in (J-1) through (J-6).

2) Enter the appropriate adjustment by indicating whether it is positive or negative in (K-1) through (K-6).

3) Add or subtract the adjustment line in (K-1) through (K-6) from the Total Net Adjustment Cases, Hours and Expenditures in (J-1) through (J-6) to get the figures for Total Net Adjustment in line (L-1) through (L-6).

Example: The sums of Sections I through III and data from PCSP/IHSS Adjustment Report, contract mode, have been combined into the PCSP/IHSS adjustments section.

SECTION IV PCSP/IHSS ADJUSTMENTS

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS
J NET ADJUSTMENT C-E-H (+/-)	(1) --	(2) --	(3) --	(4) --	(5) (\$1,771.21)	(6) (\$759.09)
K ADJUSTMENT	(1) 234	(2) (234)	(3) 5,165.9	(4) (5,165.9)	(5) 52,804.29	(6) (52,804.29)
L TOTAL NET ADJUSTMENTS	(1) 234	(2) (234)	(3) 5,165.9	(4) (5,165.9)	(5) \$51,033.08	(6) (\$3,563.38)

SECTION V - CONTRACTOR BILLING

Section V should be used monthly when your county requests Claim for Reimbursement for contract expenditures paid to the contractor.

- 1) Enter Service Month in (M-1).
- 2) Enter the correct number of Invoice Billed Cases, Hours and Expenditures in (N-1) through (N-6).
- 3) Add figures in (C-1) through (C-6), (E-1) through (E-6), and (H-1) through (H-6) or (L-1) through (L-6) to get the Total Net Adjustment figures in (O-1) through (O-6).
- 4) Add or subtract the adjustment line in (N-1) through (N-6) from the Invoice Billed Cases, Hours and Expenditures in (O-1) through (O-6) to get the figures for Total Billed in line (P-1) through (P-6).
- 5) Carry the Total Billed figures to page one of the Claim for Reimbursement IHSS contract expenditure invoice in the "Contract Service Delivery Totals for Month by Funding Source" section.
- 6) There is no need to complete the adjustment lines on page one.
- 7) Complete the "Cost Reimbursement Detail by Funding Source" section of the invoice.
- 8) Sign invoice, include copies of IHSS Contractor Payment Authorization Summary Reports, COIN Screen, and any other supporting documentation. Submit to California Department of Social Services for reimbursement.

Example: The Total Net PCSP/IHSS adjustment are adjusted from the contractor billing.

SECTION V CONTRACTOR BILLING

	SERVICE MONTH	TOTAL PCSP CASES	TOTAL IHSS CASES	TOTAL PCSP HOURS	TOTAL IHSS HOURS	TOTAL PCSP GROSS	TOTAL IHSS GROSS
	(1)						
M							
N	INVOICE BILLED	(1) 200	(2) 472	(3) 7,228.3	(4) 8,255.1	(5) \$87,534.31	(6) \$93,010.74
O	TOTAL NET ADJUSTMENTS +/- C+E+H OR L	(1) 234	(2) (234)	(3) 5,165.9	(4) (5,165.9)	(5) \$51,033.08	(6) (\$53,563.38)
P	TOTAL BILLED +/-	(1) 434	(2) 238	(3) 12,394.2	(4) 3,189.2	(5) \$138,567.39	(6) 39,447.36

SECTION IOVERPAYMENTS/UNDERPAYMENTS

		PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS
A	PAYMENT	(1)	(2)	(3)	(4)	(5)	(6)
B	CORRECTED PAYMENT	(1)	(2)	(3)	(4)	(5)	(6)
C	ADJUSTMENT +/-	(1)	(2)	(3)	(4)	(5)	(6)

SECTION IIOTHER

(COUNTY SPECIFIC)

		PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS
D	BILLED	(1)	(2)	(3)	(4)	(5)	(6)
E	ADJUSTMENT +/-	(1)	(2)	(3)	(4)	(5)	(6)
F	NET BILLED	(1)	(2)	(3)	(4)	(5)	(6)

SECTION IIILIQUIDATED DAMAGES

		PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS
G	BILLED	(1)	(2)	(3)	(4)	(5)	(6)
H	ADJUSTMENT +/-	(1)	(2)	(3)	(4)	(5)	(6)
I	NET BILLED	(1)	(2)	(3)	(4)	(5)	(6)

SECTION IVPCSP/IHSS ADJUSTMENTS

		PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS
J	NET ADJUSTMENT C+E+H (+/-)	(1)	(2)	(3)	(4)	(5)	(6)
K	ADJUSTMENT +/-	(1)	(2)	(3)	(4)	(5)	(6)
L	TOTAL NET ADJUSTMENTS +/-	(1)	(2)	(3)	(4)	(5)	(6)

SECTION VCONTRACTOR BILLING

	SERVICE MONTH (1)	TOTAL PCSP CASES	TOTAL IHSS CASES	TOTAL PCSP HOURS	TOTAL IHSS HOURS	TOTAL PCSP GROSS	TOTAL IHSS GROSS
M							
N	INVOICE BILLED	(1)	(2)	(3)	(4)	(5)	(6)
O	TOTAL NET ADJUSTMENTS +/- C+E+H OF L	(1)	(2)	(3)	(4)	(5)	(6)
P	TOTAL BILLED +/-	(1)	(2)	(3)	(4)	(5)	(6)

CLAIM FOR REIMBURSEMENT IN-HOME SUPPORTIVE SERVICES PROGRAM CONTRACT EXPENDITURES

To: Adult Services Branch
California Department of Social Services
744 P street, MS 6-536
Sacramento, CA 95814

FROM:

COUNTY:

ADDRESS:

CONTACT PERSON:

PHONE NUMBER: ()

CONTRACT NUMBER

CONTRACTOR NAME

SERVICE MONTH/YEAR

CONTRACT SERVICE DELIVERY TOTALS FOR MONTH BY FUNDING SOURCE:

WARRANT DATE _____

FISCAL YEAR/QTR. _____

FUNDING SOURCE	TOTAL CASES	TOTAL HOURS	GROSS EXP.	*ADJUSTMENTS	TOTAL NET EXP.
PCSP	_____	_____	_____	_____	_____
Non-PCSP	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____

* If the actual PCSP and Non-PCSP adjustment amounts are not known, please estimate the PCSP and Non-PCSP amounts based on the PCSP and Non-PCSP hours to total hours ratio.

COST REIMBURSEMENT DETAIL BY FUNDING SOURCE:

FUNDING SOURCE	FEDERAL	STATE	COUNTY	TOTAL NET EXPENDITURE
PCSP (50%)	_____ (32.5%)	_____ (17.5%)	_____	_____
Non-PCSP	_____ (65%)	_____ (35%)	_____	_____
Total	_____	_____	_____	_____

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the Personal Care Services Program; that I have not violated any of the provisions of federal law (Section 440.070(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95(v) Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Section 1090 to 1096, inclusive, of the Government Codes; that the amounts claimed herein are properly claimable as expenditures for the administration of the project as specified in accordance with all provisions of the Welfare and Institutions Codes, the rules and regulations of the State Benefits and Services Advisory Board.

I hereby certify under penalty of perjury, that I am the official responsible for the examination and settlement of accounts, that I have not violated any provisions of federal law (Section 440.170(f) of Title 42 of the Code of Federal Regulations) Personal Care as a benefit; Section 14132.95(v) Welfare and Institutions Code personal care services as a benefit for the categorical eligible; and the provisions of Sections 1070 to 1096, inclusive, of the Government Code; that the expenditures claimed herein have been authorized, that a clearly delineated audit trail is in place to substantiate said expenditures, and that payments therefore have been made or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY WELFARE DIRECTOR OR CONTRACT ADMINISTRATOR DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

Approved by: _____ Date _____
(State IHSS Program Manager)

SECTION I OVERPAYMENTS/UNDERPAYMENTS

		PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS
A	PAYMENT	(1)	(2)	(3)	(4)	(5)	(6)
B	CORRECTED PAYMENT	(1)	(2)	(3)	(4)	(5)	(6)
C	ADJUSTMENT +/-	(1)	(2)	(3)	(4)	(5)	(6)

SECTION II OTHER (COUNTY SPECIFIC)

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS	
D	BILLED	(1)	(2)	(3)	(4)	(5)	(6)
E	ADJUSTMENT -/-	(1)	(2)	(3)	(4)	(5)	(6)
F	NET BILLED	(1)	(2)	(3)	(4)	(5)	(6)

SECTION III LIQUIDATED DAMAGES

SECTION 201

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS	
G	BILLED	(1)	(2)	(3)	(4)	(5)	(6)
H	ADJUSTMENT +/-	(1)	(2)	(3)	(4)	(5)	(6)
I	NET BILLED	(1)	(2)	(3)	(4)	(5)	(6)

SECTION IV PCSP/IHSS ADJUSTMENTS

	PCSP CASES	IHSS CASES	PCSP HOURS	IHSS HOURS	PCSP GROSS	IHSS GROSS	
J	NET ADJUSTMENT C+E+H (+/-)	(1)	(2)	(3)	(4)	(5)	(6)
K	ADJUSTMENT +/-	(1)	(2)	(3)	(4)	(5)	(6)
L	TOTAL NET ADJUSTMENTS +/-	(1)	(2)	(3)	(4)	(5)	(6)

SECTION V CONTRACTOR BILLING

	SERVICE MONTH (1)	TOTAL PCSP CASES	TOTAL IHSS CASES	TOTAL PCSP HOURS	TOTAL IHSS HOURS	TOTAL PCSP GROSS	TOTAL IHSS GROSS
M							
N	INVOICE BILLED	(1)	(2)	(3)	(4)	(5)	(6)
O	TOTAL NET ADJUSTMENTS +/- C+E+H or L	(1)	(2)	(3)	(4)	(5)	(6)
P	TOTAL BILLED +/-	(1)	(2)	(3)	(4)	(5)	(6)